

STANDARD CERTIFICATE OF DEATH

State File No. 4665
31870

FILED OCT 15 1953 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4665

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospt.</u>		d. STREET ADDRESS (If rural, give location) <u>15 1416 East 9th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hilaino</u>	b. (Middle) <u>C.</u>	c. (Last) <u>LOZANO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 19, 1919</u>
9. AGE (In years less birthday) <u>33 34</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Roofier</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Utah</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Roofing</u>	

13a. FATHER'S NAME <u>Dave Losano</u>	13b. MOTHER'S MAIDEN NAME <u>Mamie Perez</u>	14. NAME OF HUSBAND OR WIFE <u>Carolina Lozano</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>445-10-4367</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carolina Lozano</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS <u>4200</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		4200
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title)	23b. ADDRESS <u>2050 Beechmont Ave</u>	23c. DATE SIGNED <u>9-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>9-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jules, Jules, Okla.</u>
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DATE REC'D BY LOCAL REG. <u>9-28-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Tiggerman & Sons</u>	ADDRESS <u>K. C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

OCT 21 1953

OCT 30 1953

OCT 27 1953

OCT 16 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No. 4531

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.